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## PART B - FEE(S) TRANSMITTAL

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97338 7390 09/27/2010  
 James Hardie Technology Limited  
 Europa House  
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MARIE DAVID FOX	(Depositor's name)
<i>[Signature]</i>	(Signature)
16 DECEMBER 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,585	08/25/2003	Amian Dallas	HARD1.090A2	4088

TITLE OF INVENTION: SYNTHETIC MICROSPHERES AND METHODS OF MAKING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/27/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEHGHAN, QUEENIE S	1791	065-021400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
<i>GARDERE, LYNNIE, SWELL, LLP</i>	

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

*JAMES HARDIE TECHNOLOGY LIMITED*

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

*DUBLIN, IRELAND*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 705281 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*

Date 16 DECEMBER 2010

Typed or printed name *MARIE DAVID FOX*

Registration No. 38,677

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*GARDERE, JOYNER,  
SEWELL, LLP*

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Authorized Signature *[Signature]*ON  
15/Date 16 DECEMBER 2010Typed or printed name *MARIE DAVID FOX*Registration No. 38,677

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